Rutland Manor Limited

Rutland Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on the 6 and 7 May 2015 and was unannounced.

Rutland Manor Nursing Home is registered to provide accommodation, personal care and nursing care for up to 41 older people including people living with dementia. There were 41 people using the service at the time of our inspection.

The person managing the service [the acting manager] was in the process of applying to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People who were able to told us they felt safe living at Rutland Manor Nursing Home and felt safe with the staff who looked after them. The relatives we spoke with agreed.

Management were aware of their responsibilities around the safeguarding of people and staff had received training on how to keep people safe. Staff we spoke with were all aware of the actions to take if they were presented with a safeguarding concern.

People's needs had been assessed before they moved into the service and plans of care had been developed from these assessments. Risk assessments had also been completed. Not everyone's plan of care or their risk assessments had been reviewed on a monthly basis as expected by the management team and not all had been completed fully.

People told us there were not always enough staff around to meet people's needs and staff members agreed. Our observations showed that staff were extremely busy throughout the day and only limited time was available to spend with the people who used the service when tasks were not being carried out.

We have made a recommendation about staffing levels at the service.

People received their medicines as prescribed by their doctor. Their medicines were being handled in line with national guidance and the required records were being kept.

Checks had been carried out when new staff had been employed to make sure they were suitable to work at the service. An induction into the service had been provided for all new staff and ongoing training was being delivered. This enabled the staff to provide the care and support people needed.

People's nutritional and dietary requirements had been assessed and a balanced diet was provided, though a limited choice was provided at lunch time. Staff were not always recording when they were providing people with food and fluids. This meant they could not demonstrate that people had received the nourishment they needed to keep them well.

Not all the areas of the service were found to be clean or tidy. This was brought to the management's attention during our visit and the areas of concern identified were addressed before we left.

Communication between the people who used the service and the staff was not always effective. Some members of staff took time to explain things to people, whilst others did not and carried on with the task in hand without speaking to the people they were supporting.

People's privacy and dignity was on the whole maintained and staff knew what to do to promote this. People were encouraged to follow interests that they enjoyed and relatives and friends were able to visit the service at any time.

People knew how to raise a concern and these were responded to in line with the provider's policy and procedure.

Systems were in place to monitor the service being provided, though these were not always effective in identifying shortfalls, particularly within people's care records.

People felt that the service was appropriately managed but felt at times communication could be improved. Staff told us that if they had a concern of any kind, they would not hesitate to raise it with the management team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People felt safe at the service and they received their medicines safely. Staff were recruited properly but concerns were raised as to whether there were always enough staff on duty. Not all areas of the service were clean or hygienic.

Requires improvement

Is the service effective?
The service was not consistently effective.

The staff team had the skills and experience to meet the needs of those in their care, though communication and support was not always effective. Although a balanced diet was provided, choice and variety was somewhat limited. For people assessed at risk of dehydration, relevant records had not always been completed.

Requires improvement

Is the service caring?
The service was not consistently caring.

People told us the staff were kind and caring though we observed occasions when staff were not always kind and caring when they provided people's care. Staff knew the needs of those they were supporting and they involved people in making day to day decisions about their care.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People's needs had been assessed before they moved into the service and they or their family member had been involved in deciding what care and support they needed. People knew how to make complaints about the service but were not always confident that these would be dealt with in a timely manner.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Not all of the staff working at the service felt supported or valued by the management team. Auditing systems were in place to monitor the quality of the service being provided though these did not always pick up shortfalls within people's records or other areas of the service.

Requires improvement

Rutland Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before our inspection, we reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We visited the service on 6 and 7 May 2015. The inspection was unannounced and the inspection team consisted of two inspectors.

We spoke with four people living at Rutland Manor Nursing Home and nine visitors. We also spoke with ten members of the staff team, the registered manager and the regional manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, staff training records, people's medication records and the quality and safety checks that the acting manager completed.

Requires improvement

Is the service safe?

Our findings

People who were able to talk with us and their relatives told us there were not always enough staff on duty. One person said, "You are always having to find people when you need help." Another person explained, "They [care staff] are always so busy and rushed off their feet." A third person told us, "There's not always enough staff, there are occasions when there's not enough and you do seem to have to wait."

Nine of the ten members of staff spoken with told us that there were not enough staff on duty to provide the care that people needed. One member of staff told us, "There are not enough staff, we have no time to talk or interact with people and It hurts you because it seems to be a conveyer belt, just one job after another." Another staff member explained, "I don't feel that we are meeting people's needs, it depends if all the staff are on duty and people are well. Dinner times and when you're providing personal care are the only times we have to talk to them [the people who use the service]."

We observed and acknowledged throughout our visit that staff were extremely busy. We were told that there should be a member of staff in the main lounge at all times to observe people and keep them safe. Whilst in the lounge we observed that one person got up from their table and attempted to leave the room. There was no member of staff around. The person began to stumble. Fortunately the acting manager walked through the lounge area and was able to support the person and prevent them from falling.

We observed people throughout our visit. We noted limited social interaction between the people who used the service and the staff. This was because the staff were busy carrying out care tasks and supporting other people. This resulted in some people having no interaction for up to an hour at a time, some of these people were asleep, but others were awake.

We recommend the provider reviews how they determine that there are always enough competent, skilled and experienced staff deployed, to provide the care that people need and to keep them safe.

People who were able to talk with us told us they felt safe living at Rutland Manor Nursing Home. Their relatives agreed. One relative told us, "She [relative] is definitely safe here; I have not noticed anything of concern." Another explained, "[Relative] wouldn't be here if I didn't think that he was safe."

The management team were aware of their responsibilities for keeping people safe. They knew the procedures to follow when a concern was raised. This included referring it to the relevant authorities. Information on keeping people safe was also displayed in the reception area. This provided relatives and visitors with relevant information on who to contact if they had a concern.

Staff had received training on how to keep people safe and they told us what they would do if they were concerned about someone. One member of staff told us, "I would go to the manager and let them know straight the way and I would make a statement. We also have the whistleblowing number." Another staff member explained, "I would tell the manager and I would take it further if it wasn't dealt with. But I know she would deal with it."

We looked at four people's plans of care and we found relevant risk assessments in place. These enabled the management team to identify and assess any risks associated with people's care and support and showed staff how risks to people's safety were being managed. Risk assessments had been completed on areas such as moving and handling, nutrition, skin integrity and falls. We did note that not all of these had been reviewed on a monthly basis as expected by the management team and not all had been completed fully.

Regular safety checks had been carried out on the environment and the equipment used for people's care. Fire safety checks had been carried out and staff were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place that could be used in the event of an emergency and an emergency plan was in place in case of foreseeable emergencies.

The acting manager had procedures in place to identify any trends within incidents, accidents and pressure ulcers that had been identified and the relevant professionals had been involved when necessary. This included the local falls team, the tissue viability nurses and the speech and language therapy team.

Requires improvement

Is the service safe?

We observed staff giving people their lunchtime medicines. The record sheets for this contained information about each person and also their photograph so they could be easily identified.

Medicines that were due to be given to people at lunchtime were all administered as prescribed and this was appropriately recorded. We found that staff had not recorded the date when they had opened one person's tube of eye ointment for use. This meant that staff could have used it longer than the manufacturer recommended once it had been opened and that it may have been ineffective.

We checked how people's medicines were being stored and found that a locked room had been set aside for this. Stock medicines not in use were stored within locked cabinets. Medicines requiring refrigeration were stored within a suitable medicines fridge. This fridge was locked however the keys were kept in the lock. The temperature of both the medicines fridge and the storage room was being recorded daily.

Appropriate recruitment procedures had been followed when new staff had been employed. Suitable references had been obtained and for the nurses who were employed, a check with the Nursing and Midwifery Council (NMC) to see that they were registered with them had been completed. People can only practice as nurses if they are registered with the NMC. This showed us the management team took proper precautions when employing new members of staff.

Requires improvement

Is the service effective?

Our findings

People told us that on the whole the staff knew the care and support needs of the people who used the service and they had the relevant skills needed to look after them. One person's relative told us, "They know what help [their relative] needs, I just don't think [their relative] gets it." Another person's relative explained, "The care [their relative] has received has been phenomenal." A third person told us, "They have the skills and knowledge to look after people, just not enough time to spend with each one [people who used the service].

We saw that whenever possible, people had been involved in making day to day decisions about their care and support and staff gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "We always ask them [the people who used the service] if it is all right for us to help them and we explain what we are doing." Another explained, "We always offer choices. For example when we are helping them to get dressed we hold up clothing so they can choose what to wear."

Staff told us they had received a period of induction when they first started working at the service and that appropriate training courses had also been provided. One member of staff told us, "I had an induction for a week and then I paired up [with another member of staff] for another week. I wasn't thrown in at the deep end, I'm enjoying it." The provider had recently commenced using The Care Certificate Induction, a new and recognised induction framework for adult social care workers.

Most of the staff we spoke with had received regular supervision and a supervision schedule was in place. (Supervision provides staff with the opportunity to meet with a member of the management team to discuss their progress within the staff team and if they have any training requirements or concerns etc).

Training records showed us the staff had received training about the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom protected to keep them safe. MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. We asked staff about their understanding of this and it was clear that they understood their responsibilities around DoLS and MCA. One member of staff told us, "It is with regard to making decisions in a person's best interest."

The management team were aware of their responsibilities within DoLS. However we noted that a DoLS referral had not yet been made for a person using bed rails assessed as not having the capacity to make that decision for themselves. We were told that this would be completed.

Mental capacity assessments had been completed and best interest decisions had been made in accordance with the legal requirements.

People told us the meals served were good. One person told us, "Yes, the food is good." A relative told us, "The food seems really nice, [their relative] enjoys it, every time I come they are eating."

We observed mealtimes during our visit and we noted that some people's experiences of mealtimes were better than others. This depended on where people's meals were served and which members of staff was assisting them. We noted that people were provided with their meals either at the dining table, in their bedrooms or in an easy chair. For people who were assisted with their meal, some staff interacted well with them, whilst others did not interact and merely carried out the task. On one occasion we observed the staff providing a person with brunch and a drink. No one attempted to assist them with it so it was left and later taken away by another member of staff.

At one of the dining tables we observed two people who used the service. One person was given their lunch but the other person was not. The second person was left waiting and could not understand why they hadn't got any lunch. They became quite distressed and attempted to leave the table on their own. This person had been assessed as high risk of falls. Staff did not recognise that this situation could have been averted had they effectively supported this person.

A nutritional assessment had been completed for each person when they had first moved into the service. This identified any nutritional or dietary requirements including people's likes and dislikes. It also identified whether they required a normal, soft or pureed diet and any other

Requires improvement

Is the service effective?

dietary requirements such as a diabetic diet. The chef knew which people needed a special diet and a list of people's dietary requirements and personal preferences was available within the kitchen.

The meals served during our visit looked nutritious and balanced.

For people who had been assessed at risk of dehydration or malnutrition, monitoring charts were being used to monitor their food and fluid intake. When we looked at two people's records we found that these were not being completed consistently and did not demonstrate that they were receiving the food and fluids they needed to keep them well. One of the records, belonging to a person identified as at risk of recurring urine infections, stated staff were 'required to monitor fluid intake daily and record'.

When we checked the record it showed on the 2 May the person was last given a drink at 3.30pm the next drink that was offered was at 10.15 am on the 3 May. A gap of over 18 hours.

The nutritional assessment in a person's plan of care showed us they were rated as very high risk of malnutrition/dehydration. The assessment identified the need for food and fluid charts to be implemented and weekly weights to be taken in order to monitor their health. Neither of these systems of monitoring had been put in place. This was immediately rectified.

People had access to relevant healthcare professionals including doctors, community nurses and opticians. A nurse practitioner also visited the service every week to provide further healthcare support. People were supported to have access to healthcare services and receive ongoing healthcare support.

Requires improvement

Is the service caring?

Our findings

People who were able to told us the staff were kind and they looked after them well. One person told us, “They look after me alright, but it’s not like being at home.” Another person told us. “They are very kind.”

We observed staff interacting with the people who used the service. On occasions this was good, on other occasions it was not so good. The majority of staff interacted with people in a respectful way. They spoke in a cheery manner and we observed pleasant conversations. However, on one occasion a person was being assisted to move and was told by a member of staff in a loud voice, “Stand up and give your bum a wiggle.” This person’s dignity was not promoted by the member of staff who assisted them. We also observed another member of staff laughing when a person they were assisting started to get agitated and angry.

We observed the staff supporting the people who used the service. At times people were assisted in a caring way, at other times they were not. During the morning of our visit we observed the staff assisting people with their brunch. This was done in a calm manner and the staff member talked with the person as they assisted them. However, we also observed staff assisting one person to move with the use of a hoist. They offered little verbal interaction or explanation to help the person. For example, rather than asking the person to uncross their legs the staff member simply took hold of their legs and uncrossed them with no communication at all.

We observed communication between the staff team and the people who used the service. On some occasions we saw it was good, on other occasions we saw it was not so good. We observed one staff member taking time to speak with a person who used the service. They knelt down so that they were at eye level and they stroked their hand to get their attention before speaking with them. However, we also observed a person who used the service continually bang their cup on the table. A member of staff walked up to them and without explaining what they were doing took the cup from their hand and walked off.

We noted that the people who used the service who were not vocal or mobile received very little attention from the staff. This was because all of the staff’s time was spent supporting the more vocal and mobile people. This meant that people were at risk of feeling like they didn’t matter.

During our visit we observed occasions when some staff did not react when people called for assistance. A relative also confirmed this happened on occasion. They told us, “I have observed people being ignored but I don’t worry about [their relative] because she doesn’t shout out.”

People did not always get the support they required. During lunchtime one of the people we spoke with told us that their eyes hurt. When we looked we found their eyes covered with sleep and one eye had the eye lids stuck together. This meant that staff had assisted this person with diet and fluids through the morning, but had not provided the eye care they required.

Relatives on the whole felt that the staff were kind and helpful and looked after their relatives in a caring manner. One relative told us, “I have always been satisfied, the staff have a lot of patience and I am really pleased how they look after [their relative].” Another relative explained, “I am happy for her [their relative] to be here.” Another explained, “The staff are wonderful, they are very loving toward [their relative].”

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative explained, “We can come any time and we are always made welcome.” Another told us, “They [the staff] are so helpful and so welcoming.”

Relatives told us they were appropriately involved in making decisions with, or on their relatives’ behalf. One relative told us, “We discuss things and make decisions for my mother’s welfare.”

Staff members gave us examples of how they promoted people’s privacy and dignity whilst supporting them. One staff member told us, “I always knock on the door and make sure the door is closed when I’m helping someone.” Another explained, “When I’m helping someone I always cover them with a towel and I talk to them to reassure them, I also offer them the flannel to see if they want to wash themselves.” A member of staff explained that for people who shared a bedroom, a privacy screen was used

Requires improvement

Is the service caring?

when they assisted them with their personal care. We were told however that there was only one screen available for use. This meant that people's privacy and dignity could be compromised if the one screen was already in use.

Details of advocacy services were available. This information provided people who were unable to make decisions about their care, either by themselves or with the support of a family member, access to someone who could support them and speak up on their behalf.

Requires improvement

Is the service responsive?

Our findings

Relatives told us they and their family member [the person who used the service] had been involved in deciding what care and support they needed when they first started using the service. One relative told us, "We came and had a look around. [Member of the management team] came to the hospital and we had a meeting before [their relative] came here."

People's care and support needs had been assessed before they moved into the service to establish whether or not their needs could be properly met by the staff working there. From the assessment of need, a plan of care had been developed. We looked at the plans of care for four people who used the service. Not all of the plans had been fully completed or kept up to date. For example, one person who had been at the service for more than a week, their plan of care was very limited in information and was still being developed. We talked to the members of staff who were on duty to establish whether they were aware of the help that the person needed, we found that they did.

People's plans of care had been reviewed on a monthly basis (with the exception of two which had not been reviewed since March 2015.) or sooner if a person's support needs had changed. This enabled the management team to monitor people's health and welfare and ensure that people received the necessary healthcare support. We saw that referrals had been made to the dietician when concerns had been identified with a person's swallowing and the GP had been contacted when a person's health had deteriorated. This showed us the staff team were able to be responsive to people's ongoing and changing needs.

People were encouraged to follow interests that they enjoyed. Two activity leaders (known as butterfly staff) were employed and they did their best to include as many people as possible in activities throughout the day. During our visit we observed some people being provided with a hand massage, whilst other people enjoyed going through the daily newspaper. Others simply had a chat and a reminisce. People were happy and enjoying the interaction. The staff team were aware of people's likes and dislikes though these were not always recorded in people's plans of care.

Relatives and friends were encouraged to visit and they told us that they were able to visit at any time. One relative told us, "Yes we care visit any time; they [staff] are very welcoming."

People told us they knew what to do if they had a concern or complaint to make about the service, though not everyone felt confident that their concerns would be acted on promptly. One person told us, "Concerns are acted on if you are persistent." Another person told us, "Things that I have brought up have been acted upon." A complaints process was in place and a copy of this was displayed in the services reception area. This meant that people had access to the information they needed should they wish to make a complaint.

Requires improvement

Is the service well-led?

Our findings

Overall people told us they felt the service was appropriately managed. People told us the management team were approachable, though we were told that communication was not always good. One relative told us, "There is a lack of communication at times; they [management team] don't always know what's happening because they don't spend time on the floor." Another relative explained, "I give them 9/10, they keep me informed and when I have concerns, they respond." A relative of a person who had recently arrived at the service explained that, although they had been involved in their relative's assessment and discussions regarding their care needs, they had yet to meet with anyone to discuss their relative's care going forward. They explained, "I haven't had the opportunity to sit down with anyone yet, but I hope too soon, I'm not sure who I need to talk with."

People who used the service, their relatives and their friends were encouraged to share their views of the service provided. People told us that meetings were held and we saw a notice displaying the date for the next meeting to be held in July. One relative told us, "We have resident's meetings, but I don't wait for that, I just go and speak with them [staff]. Things brought up are acted on."

We talked with the staff team and asked them if they felt supported by the management. Some told us they felt supported, others not so. One staff member told us, "I love what I do but I don't feel supported. I don't feel I can go to the management because things are said but nothing is done." Another explained, "I do feel supported in some ways and I feel they would address any concerns I raised." Another said, "You don't get thanked for what you do, only get pulled up for what you don't do. Things seem slow to change, you just don't feel appreciated."

The staff team were aware of the care aims and objectives of the service and a copy of these were displayed in the reception area for people to view. One staff member told us, "Our aim is to make it as homely as possible and provide people with the care they need."

There were systems in place to regularly check the quality and safety of the service being provided. Checks had been carried out on the paperwork held including people's plans of care, medication records and incidents and accident records. This was to check people were receiving the care and support they required. When we checked the records kept to show what assistance people had been provided with, we found that these had not always been completed. This meant that we could not determine as to whether people had received the care and support that their care plan stated they needed. The auditing process had not picked up these shortfalls.

In order to encourage people to eat throughout the day, snack bowls containing fruit etc. had been placed at intervals throughout the service. Although it was acknowledged that this was a good idea nutritionally, concerns were raised with regard to the possibility of cross infection, as everyone had access to these.

Regular checks had been carried out on the environment and on the equipment used to maintain people's safety and up to date records had been maintained. This showed us people who used the service were provided with an environment that was properly monitored and maintained. During our inspection however, we identified a number of areas within the service that were in need of attention due to cleanliness issues. These included cleanliness issues in the upstairs shower room, bathroom and upstairs and downstairs sluice rooms. General areas of the service were also unclean and dusty. In particular stairwells, door thresholds and corners. We identified these to the management team and these areas had been addressed by the end of our visit.

The acting manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff were aware of and followed these.